

Lamont Hunter
PCT International Division
(703) 305-3333

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | | | | |
|--|--|------------------------|--|------------------------|--|-----------------|-------------|------|------|------|------|
| | | | | | | 10/031308 | | | | | |
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | * | * | * | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL ID. | | | | | | TOTAL IND. | | | | | |
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